



Developing a diabetes prevention strategy

American Medical Association - Improving Health Outcomes

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Disclosure

I have no relevant financial relationships with commercial interests to disclose.

Learning Objectives

- Describe the trends in type 2 diabetes and prediabetes
- Review the components of a diabetes prevention strategy
- Demonstrate the AMA's digital resource for developing an implementation strategy to prevent diabetes for your patient population

Leading the charge: We are committed to improving health outcomes

No new
preventable cases
of type 2 diabetes

1

2

Everyone with
hypertension has their
blood pressure at goal

We strive for these goals because type 2 diabetes and hypertension are major risk factors for developing cardiovascular disease.



Trends in type 2 diabetes and prediabetes

Type 2 diabetes is a growing health problem



30+ MILLION

Americans have diabetes¹

23.8% U.S. adults
undiagnosed¹

Patients with diabetes are **more likely** to experience complications . . . and have longer stays in the hospital or ICU²

**Health
system
burden**

26%

were readmitted within three months of initial hospitalization—87% of those were unscheduled³

15%

visiting an emergency room present with complications⁴

53%

of the lifetime costs of diabetes care can be attributed to treating complications⁵

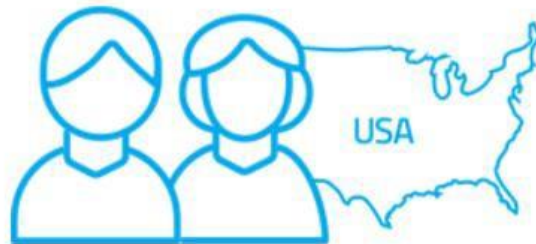
The cost of diagnosed diabetes places a significant burden on individuals, employers, and health systems.

Total est. cost in 2017

\$327
BILLION⁶

\$237B in direct medical costs
\$90B in reduced productivity

People with diagnosed diabetes



\$16,750/yr avg. **Medical** expenses⁶
\$9,600/yr avg. **Diabetes** expenses
2.3X higher expenses than those w/o diabetes



Good news

We can take steps to help prevent type 2 diabetes.

Preventing type 2 diabetes: For the AMA it begins with identifying prediabetes



**84 MILLION ADULTS
HAVE PREDIABETES**



1 IN 3 ADULTS HAS PREDIABETES

9 OF 10 DON'T KNOW IT¹

Physicians, care teams and health care organizations play critical roles in **identifying** and **managing** those at risk for type 2 diabetes.

Identify individuals at risk for type 2 diabetes

- ✓ Inform and educate those with prediabetes about their diagnosis

Engage in **shared-decision making** and provide an evidence-based treatment

- ✓ Includes referral to the National DPP lifestyle change program, medical nutrition therapy, and/or prescribing medication

Support individuals in their treatment plan

- ✓ Promote self-management and monitor risk



We believe **everyone** with prediabetes should be aware of the condition and be able to take action to reduce their risk of diabetes.

National Diabetes Prevention Program lifestyle change program

The National DPP lifestyle change program helps participants make sustainable, healthy lifestyle changes and achieve weight loss to lower their risk of developing type 2 diabetes.

Key standard for a program to achieve CDC recognition:

- Minimum average weight loss of 5% within 12 months
- Program maintains compliance with oversight and quality standards

Core curriculum

Participants attend 16 weekly sessions during the first six months.

Follow-up phase

Participants attend one session a month (minimum of 6 sessions).



Benefits of the National DPP lifestyle change program



Trained lifestyle coaches facilitate group classes of up to 20 participants



Program curriculum is approved by the CDC



Program emphasizes empowerment through a personal action plan



Program providers are required to follow national standards and submit data on participant outcomes to the CDC



Now

is the time to focus on prevention

The AMA catalyzes diabetes prevention

Since 2013, the AMA has activated health care organizations across the U.S. to help them identify and manage more people at risk for type 2 diabetes.

Our approach

Engage health systems across the U.S.

in type 2 diabetes prevention with a comprehensive assessment and guided process that helps improve patient outcomes

Link clinical practices to the evidence-based National Diabetes Prevention Program lifestyle change program

Develop, test and disseminate relevant tools and resources to

support planning and implementation of a diabetes prevention strategy

The AMA helps drive environmental change to support type 2 diabetes prevention

Our approach

Increase public awareness through partnerships

(eg, Centers for Disease Control and Prevention, Ad Council)

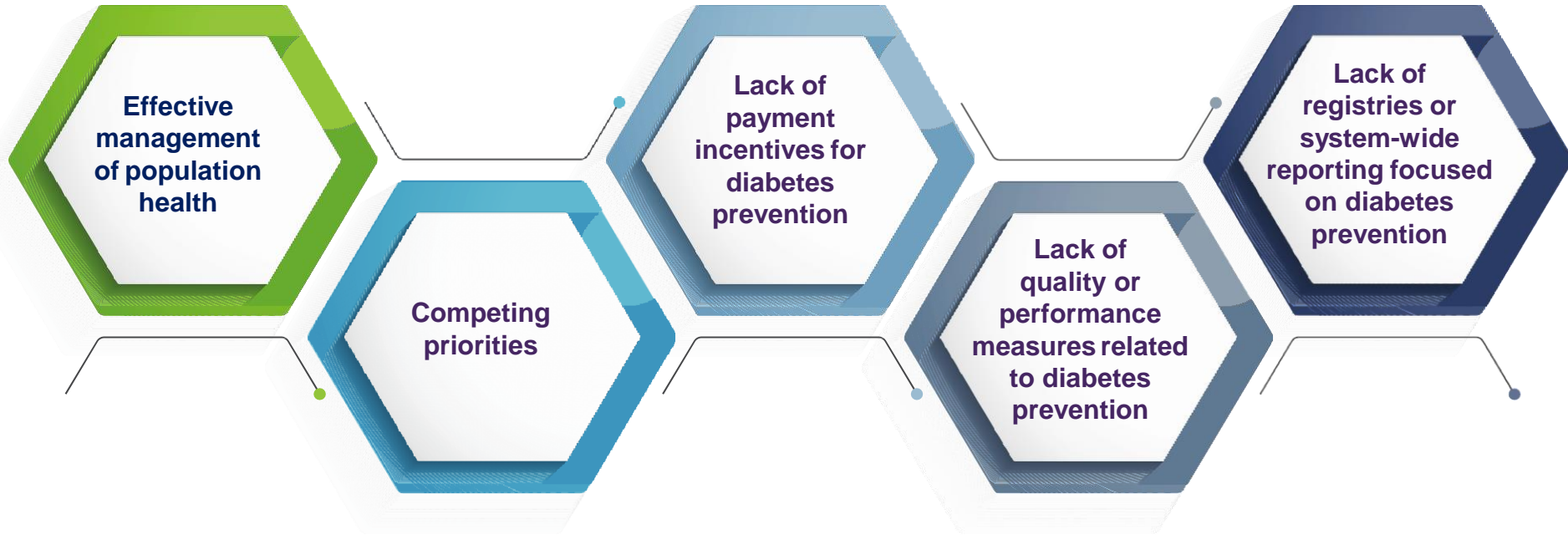
Shape the health care ecosystem to facilitate delivery of preventive services

including digital health solutions, payment models and quality measurement

Advocate for policy and funding

that allows for access and participation in National DPP lifestyle change programs

Challenges faced by health care organizations in implementing diabetes prevention



Challenges faced by practicing physicians and care teams



Components of a diabetes prevention strategy

**Identify project
team**

**Select program
offering**

**Identify eligible
patients**

**Identify
communication
and messaging**

**Establish patient
referral process**

**Conduct
physician
engagement**

**Set-up
bidirectional
feedback loop**

**Determine
evaluation
process**

Identify project team

- Your team should include members who:
 - Are involved in clinical practice change
 - Have continued support/buy-in from system leaders
 - Are responsible for overseeing the planning and organizing of the tasks to implement the initiative
 - Can navigate across the departments/business units in the health care organization



Select program offering

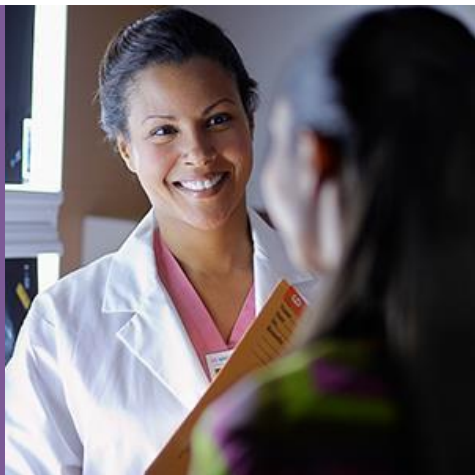
Option 1: External National DPP lifestyle change program

- External National DPP lifestyle change programs include community-based lifestyle change programs
 - YMCA, a social service agency, or faith-based institution
- Or a virtual lifestyle change program offered through a digital health company

Option 2: Internal National DPP lifestyle change program

- Offered by your health care organization or physician practice and responsible for
 - recruiting and training coaches
 - class registration
 - facilitation of CDC-approved curriculum
 - tracking participant progress
 - submitting data to the CDC for program recognition
 - and delivering participant progress reports to the referring physician

Identify eligible patients



Point of Care

Occurs during your patient's routine office visit. This provides your practice with the ability to engage with your patients face to face, and refer to a course of treatment while your patient is in the office



Care Management

Uses the EHR to create a report based on risk factors and/or lab values to identify patients who meet the criteria for prediabetes.

Identify communication and messaging

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What is prediabetes?

Prediabetes is a condition in which blood glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

So you have prediabetes... now what?

Start changing your daily habits
Simple changes to your daily habits can lower blood glucose in people with prediabetes. These changes can delay—and even prevent—the onset of type 2 diabetes.

Prediabetes: Are you at risk?

Why does prediabetes matter to me?
If you have prediabetes, you have a greater risk of developing type 2 diabetes, as well as other medical conditions.

I feel fine, though.
Certain risk factors can increase your chances of having prediabetes.

How do I find out if I have prediabetes?
Prediabetes is diagnosed through a blood test. Your doctor can tell you more and order the best test for you.

Get tested for prediabetes—talk with your doctor today.

What is prediabetes?
Prediabetes is a condition in which blood glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

9 out of 10 adults who have prediabetes don't know they have it

Are you at risk?
You could have prediabetes if you:
• Are 40 years of age or older
• Have a BMI that is categorized as overweight or obese
• Have a history of gestational diabetes
• Have a family history of type 2 diabetes
• Have certain medical conditions like high blood pressure
• Have a sedentary lifestyle

Why act now?
If you have prediabetes, you are at higher risk for developing type 2 diabetes or other medical issues in the future.

Here's the good news...
If you are diagnosed with prediabetes, there are treatment options to help prevent or delay type 2 diabetes.

Your treatment options may include the National Diabetes Prevention Program lifestyle change program, medication or medical nutrition therapy.

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1 in 3 American adults has prediabetes. Do you?

WAIT, SO WHAT IS PREDIABETES?

Do I Have Prediabetes.org

Know Where You Stand. Take the one-minute risk test today.

1 IN 3 AMERICAN ADULTS HAS PREDIABETES. DO YOU?

WAIT, SO WHAT IS PREDIABETES?

Do I Have Prediabetes.org

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Establish patient referral process

- Create a National DPP lifestyle change program referral form or electronic order
- Create a National DPP lifestyle change program referral process that mirrors your standard process

National DPP lifestyle change program referral and authorization release

Send to: _____ Fax: _____ Email: _____

Patient Information	
First name	Address
Last name	City
Health insurance	State
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	ZIP code
Birth date (mm/dd/yy)	Phone
Email	

Health care provider information (completed by provider)	
Physician/NP/PA	Address
Practice contact name	City
Phone	State
Fax	ZIP code

For Medicare requirements, I will maintain this signed original document in the patient's medical record.

Date: _____ Health care provider signature: _____

By signing this form, I authorize _____ (name of health care provider) to use and disclose my protected health information described below to _____ (program/organization name) for the purpose of determining my eligibility for the lifestyle change program.

Effective period: This authorization for the release of information will expire on _____ (date).

Extent of authorization: I authorize the release of the following protected health information (check all that apply):

<input type="checkbox"/> Body Mass Index (BMI)	Eligibility = >25 (>23 if Asian)	_____
<input type="checkbox"/> Blood sugar (check one)	Eligible range: 5.7-6.4%	Test result (one only) _____
<input type="checkbox"/> Hemoglobin A1C	_____	_____
<input type="checkbox"/> Fasting Plasma Glucose (For Medicare DPP eligible patients, fasting plasma glucose range is 110-125 mg/dL.)	100-125 mg/dL	_____
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140-199 mg/dL	_____
Date of blood test (mm/dd/yy): _____		

I understand:

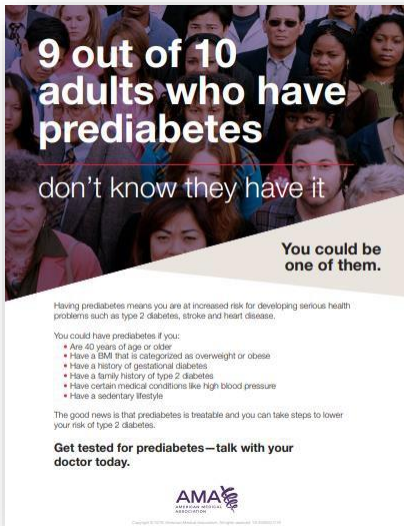
1. That I am not obligated to participate in this lifestyle change program and that this authorization is voluntary.
2. That I may revoke this authorization at any time by notifying my physician in writing. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization, or to the extent that information has already been released in reliance upon this authorization.
3. That my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.
4. That information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Date: _____ Patient or representative signature: _____

(Basis of representative's authority to sign on behalf of patient: _____)

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Conduct physician engagement



9 out of 10 adults who have prediabetes don't know they have it

You could be one of them.

Having prediabetes means you are at increased risk for developing serious health problems such as type 2 diabetes, stroke and heart disease.

You could have prediabetes if you:

- Are 40 years of age or older
- Have a BMI that is categorized as overweight or obese
- Have a history of gestational diabetes
- Have a family history of type 2 diabetes
- Have certain medical conditions like high blood pressure
- Have a sedentary lifestyle

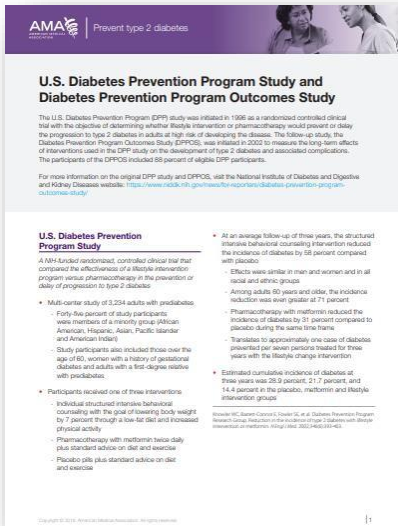
The good news is that prediabetes is treatable and you can take steps to lower your risk of type 2 diabetes.

Get tested for prediabetes—talk with your doctor today.

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Prediabetes awareness poster for the exam room



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U.S. Diabetes Prevention Program Study and Diabetes Prevention Program Outcomes Study

The U.S. Diabetes Prevention Program (DPP) study was initiated in 1996 as a randomized controlled clinical trial with the objective of determining whether lifestyle intervention or pharmacotherapy would prevent or delay the progression to type 2 diabetes in adults at high risk of developing the disease. The follow-up study, the Diabetes Prevention Program Outcomes Study (DPPOS), was initiated in 2002 to measure the long-term effects of interventions used in the DPP study on the development of type 2 diabetes and associated comorbidities. The participants of the DPPOS included 58 percent of eligible DPP participants.

For more information on the original DPP study and DPPOS, visit the National Institutes of Diabetes and Kidney Diseases website: <https://www.nidk.nih.gov/news/for-reporters/diabetes-prevention-program-outcomes-study/>

U.S. Diabetes Prevention Program Study

A NIH-funded randomized, controlled clinical trial that compared the effectiveness of a lifestyle intervention program versus pharmacotherapy in the prevention or delay of progression to type 2 diabetes.

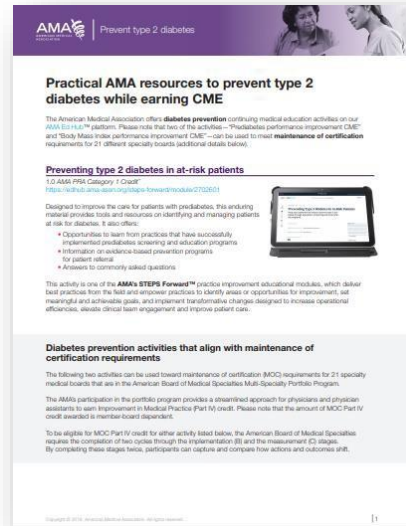
- Multi-center study of 3,234 adults with prediabetes.
- Forty-five percent of study participants were members of a minority group (African American, Hispanic, Asian, Pacific Islander and American Indian).
- Study participants also included those over the age of 60, women with a history of gestational diabetes and adults with a first-degree relative with prediabetes.
- Participants received one of three interventions:
 - Individual structured intensive behavioral counseling with the goal of lowering body weight by 7 percent through a low-fat diet and increased physical activity
 - Pharmacotherapy with metformin twice daily plus standard advice on diet and exercise
 - Placebo pills plus standard advice on diet and exercise

- At an average follow-up of three years, the structured intensive behavioral counseling intervention reduced the incidence of diabetes by 58 percent compared with placebo.
- Effects were similar in men and women and in all racial and ethnic groups.
- Among adults 60 years and older, the incidence reduction was even greater at 71 percent.
- Pharmacotherapy with metformin reduced the incidence of diabetes by 31 percent compared to placebo during the same time frame.
- Translates to approximately one case of diabetes prevented per seven persons treated for three years with the lifestyle change intervention.
- Estimated cumulative incidence of diabetes at three years was 28.9 percent, 21.7 percent, and 14.4 percent in the placebo, metformin and lifestyle intervention groups.

Source: NC, James C. Knowler, David S. H. et al. Diabetes Prevention Program Research Group. Diabetes prevention outcomes: 3 years with lifestyle intervention or metformin. *Journal of the American Medical Association*. 2002;287(11):1377-1385.

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Evidence brief for clinical team education



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Practical AMA resources to prevent type 2 diabetes while earning CME

The American Medical Association offers **diabetes prevention** continuing medical education activities on our **AMA's Ed Hub™** platform. Please note that two of the activities—**Prediabetes performance improvement CME** and **Staying Motivated performance improvement CME**—can be used to meet **maintenance of certification** requirements for 21 different specialty boards (additional details below).

Preventing type 2 diabetes in at-risk patients

1.0 AMA PRA Category 1 Credit™
<https://www.ama-assn.org/practice-improvement/cme/2020/01/01/preventing-type-2-diabetes-in-at-risk-patients>

Designed to improve the care for patients with prediabetes, this enduring material provides tools and resources on identifying and managing patients at risk for diabetes. It also offers:

- Opportunities to learn from practices that have successfully implemented prediabetes screening and education programs
- Information on evidence-based prevention programs
- For patient education
- Answers to commonly asked questions

This activity is one of the **AMA's STEPS Forward™** practice improvement educational modules, which deliver best practices from the field and empower practices to identify areas or opportunities for improvement, set meaningful and achievable goals, and implement transformative changes designed to increase operational efficiency, elevate clinical team engagement and improve patient care.

Diabetes prevention activities that align with maintenance of certification requirements

The following two activities can be used toward maintenance of certification (MOC) requirements for 21 specialty medical boards that are in the American Board of Medical Specialties Multi-Specialty Portfolio Program.

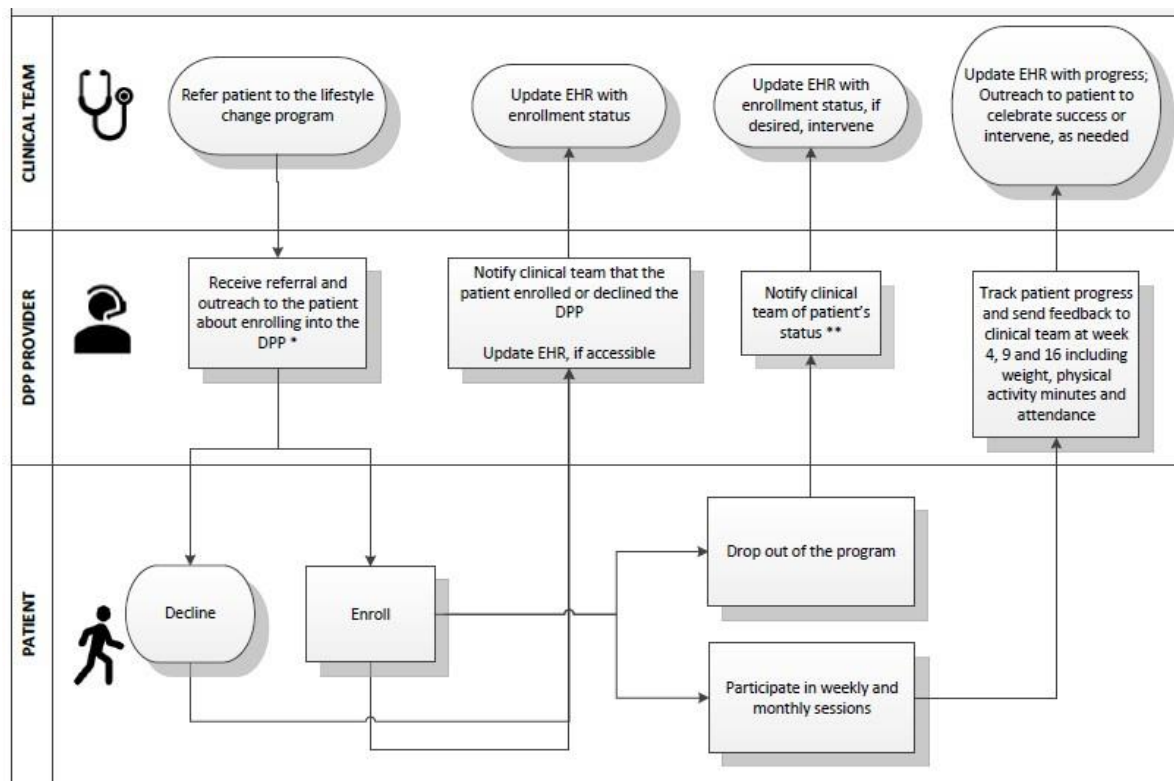
The AMA's participation in the portfolio program provides a streamlined approach for physicians and physician assistants to earn improvement in Medical Practice Part IV credit. Please note that the amount of MOC Part IV credit awarded is member board dependent.

To be eligible for MOC Part IV credit for either activity listed below, the American Board of Medical Specialties requires the completion of two cycles through the implementation (B) and the measurement (C) stages. By completing these stages twice, participants can capture and compare how actions and outcomes shift.

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CME activities available through the AMA's Ed Hub™

Set up a bidirectional feedback loop




Determine evaluation process



Quantitative data

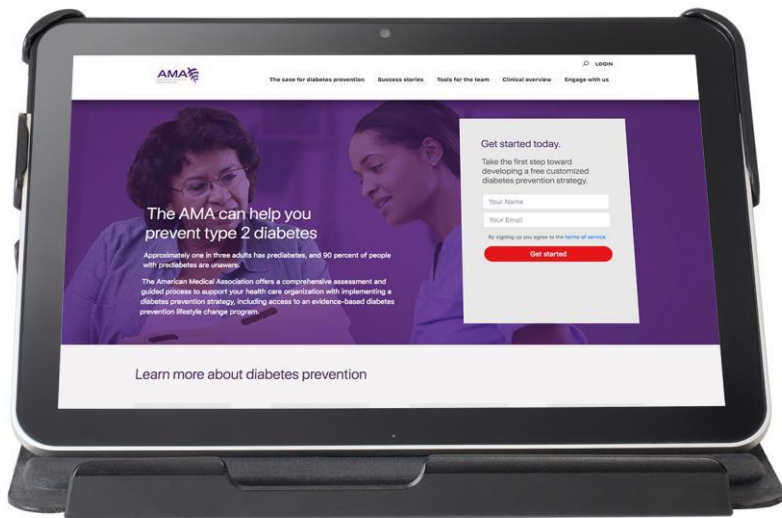
Qualitative data

- CDC evaluation data: attendance, weight loss, physical activity minutes.
- Other evaluation data: Number of physicians that referred to the lifestyle change program, number of patients screened, number of referrals, A1c levels, blood pressure measurements, medication being taken, etc.
- Program Operation data: cost, time spent on program, etc.
- Progress toward the goals you established for your program (meet all CDC DPRP standards and requirements, X% of adults who are identified as having pre-diabetes will enroll in a lifestyle change program, decrease # of patients who develop type 2 diabetes by X%)
- A1C changes— how do post-program A1C levels compare to pre-program A1C levels? How many participants are no longer in the prediabetes range?



The AMA's website and digital resources

Amapreventdiabetes.org



Target audience:

This website is of value to any health care organization looking to implement a diabetes prevention strategy or advance an existing strategy.

Digital guide

Target audience:

Health care organizations who are interested in **creating** a diabetes prevention strategy which includes providing their patients with access to a National DPP lifestyle change program.

The infographic is titled "The National Diabetes Prevention Program lifestyle change program". It features a blue header with white text. Below the header, there are four icons with corresponding text: a running shoe for "Increase your physical activity", an apple for "Eat healthy", a person with a gear for "Manage stress", and a person with a speech bubble for "Overcome challenges to change". The main body of the infographic is white with black text. It includes a section titled "Changing my lifestyle seems like a lot for me to manage. How do I know I can handle this?" followed by a list of bullet points. To the right of the text are four icons: a group of people for "Group support", a clipboard for "CDC-approved curriculum", a person with a speech bubble for "Specially trained lifestyle coach", and a calendar for "16 weekly sessions, followed by monthly maintenance sessions". At the bottom, there is a section titled "If you are ready to start making healthy changes, ask your doctor for a referral to a CDC-recognized program." and the AMA logo.

The National Diabetes Prevention Program lifestyle change program

The National DPP lifestyle change program offers an evidence-based approach to treating prediabetes. Through the program, which is offered virtually or in person, you'll take small, manageable steps that add up to lasting lifestyle changes to prevent or delay type 2 diabetes. The Centers for Disease Control and Prevention developed the curriculum and requires all lifestyle change programs to follow certain quality standards.

The program encourages you to make a commitment to improving your health. You will learn to:

- Increase your physical activity
- Eat healthy
- Manage stress
- Overcome challenges to change

Changing my lifestyle seems like a lot for me to manage. How do I know I can handle this?

The program supports you every step of the way:

- You get a trained lifestyle coach to help you lose at least 5 percent of your weight.
- You develop a personal action plan to help you achieve your goals. You also have group support from other participants in the program.
- You attend sessions about once a week for the first few months, then once a month to keep your motivation going strong.

Group support

CDC-approved curriculum


Specially trained lifestyle coach

16 weekly sessions, followed by monthly maintenance sessions

If you are ready to start making healthy changes, ask your doctor for a referral to a CDC-recognized program.

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Enter quick demo of
the website &
digital experience



What's the next step?

Contact Us:

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A close-up photograph of a silver stethoscope resting on a tablet. The background is a soft, out-of-focus blue. The word "Questions?" is written in a white, serif font, centered over the stethoscope's chest piece.

Questions?

References

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